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ABSTRACT

Multidisciplinary team efforts to address educational problems of emotionally/behaviorally disordered students in rural areas are examined. The rationale for such an approach is considered from a transactional perspective which views behavior as a social phenomenon. The team organization and development goals are explained (including orientation to school and community), as are service goals (such as development of intervention programs that can become part of the existing structure of the school/community). The feasibility of persons from a variety of disciplines working in a collaborative team context is cited among the problem areas. Accomplishments found in an 8 year evaluation of the team included mobilization of a parent advisory committee, establishment of a volunteer program, and establishment of a walk-in peer counseling center for students. (CL)

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Multidisciplinary Approach to Rural Service Delivery: A Transactional Perspective

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ABSTRACT

Rural school districts face a singularly difficult set of circumstances when they attempt to provide special services for those students experiencing emotional/-behavioral disorders. Traditional views and traditional service delivery models may not be functional in these settings. What may be functional is the establishment and full utilization of multidisciplinary teams. It is advised that these teams be ecological in philosophy and transactional in function. The multidisciplinary team effort is considered to be a beginning step in exploring more appropriate modes of addressing educational problems in rural areas.

There are 1,000,000 students in American schools who may be in need of special education because of their involvement in behavioral/emotional conflicts with others, yet 75% of them are receiving no services except that which their regular classroom teachers can provide (Grosenick & Huntze, 1979). A commonly stated explanation for this situation is that discrepancies exist between the extent to which urban and rural school districts and co-ops serve emotionally/behaviorally disordered (E/BD) students, with urban districts serving at or near the generally accepted 2% incidence figure while rural districts serve virtually no "officially" identified behaviorally disordered children and youth.

Rural districts comprise two-thirds (67%) of the nation's 16,000 pupils school education agencies (Sher, 1978). Efficacious special education programs are difficult to establish under any conditions; they are particularly difficult to establish and maintain in rural areas which suffer from shortages of specialized personnel, lack of adjunctive human services, and organizational difficulties (Helge, 1981). Even though there is very little research on this situation, one study by Beare and Lynch (1983) reported a large difference in the quantity and comprehensiveness of service between rural and urban districts in three states they surveyed. They found that fewer rural than urban districts offered E/BD services — 69% versus 95% of the urban districts. Rural districts that did offer such services offered fewer levels of service in the form of different placements; the average urban district providing two options while rural district offered one. Alternative service models (other than self-contained or resource rooms) were present in only 15% of the rural districts, while they were present in 34% of the urban areas. The lack of an ED license by teachers primarily responsible for providing services to behaviorally disor-

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dered students was a major problem for rural areas. Only 26% of the rural districts reported that an ED license was held by those employed as compared to 63% for the urban districts.

We might well conclude from this that traditional educational service models are apparently not being carried out in rural districts. This is aside from the issue of the efficacy of such models in rural areas. There is a nationwide lack of personpower for such services with a range of 6% to 90% of the needed teachers available depending on the state reviewed (Grosenick & Huntze, 1980). It is impractical, even if there were personnel, to suggest a cascade of services for rural districts that must combine to accumulate enough students to form self-contained classes or categorical resource rooms. Rural travel distances are too great. Other traditional service delivery systems also may not be feasible. Alternative high schools cannot develop where the regular high school has 50 to 100 students. Medical Model services are impractical, as often there are no therapists or adjunctive personnel in such areas (Sher, 1978).

There are estimated to be 750,000 unserved students. Attempting to implement traditional service delivery systems, particularly in rural areas, is analogous to ladeling a continually filling, overflowing bucket with a sieve. It is difficult to believe that we will catch up with the problem through labeling and placement. Like the water, this never looks at the source — the spigot — to shut it off.

Traditional approaches produce other thoughts concerning services in rural areas. Many E/BD students are isolated and feel remote from others. Rural teachers of these students might well be said to feel the same way. The usual lack of a continuum of services places them in the position of providing service as individuals, not as part of a team. This very lack of service continuum makes logical a high degree of interagency cooperation (when possible) and interpersonal cooperation. Cooperating personnel might not be able to supply all needed service if they follow the traditionally conceived roles. Behavioral disorders as a field should rely heavily on nonpublic school facilities, professionals, and paraprofessionals to fill needed roles regardless of the specific training such persons might have received in the past. Grosenick and Huntze (1980) report that between 39,000 and 50,000 disturbed students are served in nonschool facilities but that collaborative effort between the schools and the public agencies appears to be minimal. It would seem likely that E/BD students need multidisciplinary services to a higher degree than less impaired children and youth. These E/BD children, by the nature of their disorder, are likely to have come into contact with multiple agencies—corrections, social services, and medical, as well as special education. There is an obvious need for interdisciplinary cooperation.

Multidisciplinary team planning, in the format we will describe, might well be one way that appropriate programming can be delivered in rural areas—or urban areas for that matter. For this to fully develop, however, we must examine the purpose, use, and actions of these teams.

TEAM BACKGROUND AND RATIONALE

The use of teams in schools today seems to be prosaic. Typically these teams appear to be very conventional, patterned after the child guidance teams of the 1920s, with the members meeting periodically to tell each other what they have done. Maximum and most appropriate utilization of sparse resources in rural areas might be accomplished best with other models, and with more collaborative multidisciplinary team approaches. In order to do this, a shift in

thinking is needed — a paradigm shift — "as though one were transported to a new planet" (Kuhn, 1970).

As a start in our exploration of a paradigm shift (conventional team approaches are questioned), we will briefly discuss the rationale for an alternative approach and its applications. The multidisciplinary effort grew out of two major concerns: (a) the concept of E/BD (and other diagnostic classifications) as an intrapsychic or self-action phenomena is questionable; and (b) that concept, or perspective, leads to less than adequate approaches to intervention. Hobbs (1966) noted that "We have become increasingly concerned and convinced that a major barrier to effective planning for emotionally disturbed children is the professional's enchantment with psychotherapy and individual clinical approaches. The program is complicated by apparent professional advocacy of controlling approaches to intervention that place the burden on the targeted person as being disturbed or disordered and in need of being fixed or changed. The availability of locks and drugs make children containable and the dearth of evaluative research effectively denies feedback on the advocacy of methods" (p. 1105-1106). This overcommitment to the clinical approach — individual psychotherapy, drug treatment, or behavior modification — seems to stem from an uncritical acceptance of *cure as the goal* in working with a youngster, a consequence of defining the problem as one of illness that is contained within the child. To act as though E/BD children are ill is predicated on an array of unvalidated and questionable assumptions and leads to (a) a preoccupation with the intropsychic life of people as though the behavior derives from under the skin or in their skull; (b) an easy use of drugs, behavior modification, or other controlling techniques with little knowledge of the long term effects on character development or one's life space; (c) extended isolation of children or adults from families because of their presumed contagion; (d) an unnecessary limitation of professional roles; and (e) the neglect of schooling and education. Once we abandon *cure as a goal* and define our problem as the need to help a small social system work in a reasonably satisfactory manner, there ensues an array of possible interventions that contrast sharply with controlling treatment approaches.

Children face a variety of socializing agents that often put them in conflict. Since schools tend to be disconnected from other socializing institutions, there is a need to coordinate the impact of socializing agents and other community resources to effect appropriate adaptation of children to settings. Thus, there has to be coordination among school, parents, and community groups, and support for parents in the best use of other socializing institutions such as the school, church, recreational facilities, etc. (Watson, 1967). Extending the sphere of work to the family and the community gives tacit recognition of the need to help others help themselves (Cutts, 1955).

It is suggested that cross departmental/interdisciplinary approaches to planning, teaching, research, and service will be necessary to solve education problems (Buktenica, 1981; Commission on Programs and Projects, American Association of Colleges for Teacher Education, 1978; Cutts, 1955; Wall, 1956). The transactionally oriented multidisciplinary team differs from other approaches in that the social context of the school and community is considered to be the appropriate sphere of inquiry rather than utilizing the classic case study approach. This is based on the belief that children can only be understood within a context, and that professional role definitions are less important than considering individual competencies to implement problem definition/resolution and mobilization of existing resources to more ade-

quately address the educational and developmental needs of children (Buktenica, 1970; Dewey & Bentley, 1949; Smith & DiBacco, 1974). We assume that the child is an inseparable part of a small social system, an ecological unit made up of the child, his or her family, the school, neighborhood, and community (Hobbs, 1966).

The multidisciplinary team is an attempt to broaden the perspective of the teacher and other professionals, to assist the teacher in understanding the variety of forces that influence child behavior in the classroom, and to establish learning environments that maximize adaptation, development, and learning. This approach might have a positive effect on the teacher-pupil interaction, since teacher training characteristically provides insufficient experiences to assist teachers in understanding the social forces that influence child behavior within a classroom. Thus, teachers can be oriented to identify problems early enough to effect an adequate intervention themselves. Such a pursuit requires broadening the context and perspective of the teacher and the special service personnel.

We would like to briefly sketch the transactional rationale, which characterizes behavior as occurring at three possible levels — self-actional, interactional, or transactional. Briefly stated, self-action refers to people acting and initiating behavior under their own power; interaction is when person is balanced against person in a mutually determined, interdependent relationship (Dewey & Bentley, 1949).

Self-action level of relating is based on the assumption that people inherently possess being and continue in action under their own power. Functioning at this level, school personnel attempt to unilaterally determine and control their roles as one would from a psychoanalytic perspective.

An interactional construction of behavior is a linear cause-and-effect approach of people acting upon each other according to an "opposite and equal reaction principle." The behavioral/operant approach is an example of a linear model at the interactional level. One notes that the prevailing level of relationships among school personnel is interactional in which there is recognition and acknowledgement of another's presence and position, but there is little allowance for input into the "unalterable" characteristics of the persons involved. For example, Martin (1978) suggested that multidisciplinary efforts are most effective when the principal actors "exert considerable influence on one another," while at the same time spending much time advising and trying to persuade each other to act in a particular way.

The transactional erspective is based on the recognition that roles and behavior can only be understood in relationship to a social context, that people in a setting are interdependent, and that they have mutual impact on each other (Buktenica, 1977, 1981; Dewey & Bentley, 1949). If, as Hobbs (1975) and Reynolds (1977) suggested, we have to promote redefinition and renegotiation of roles, there will have to be movement beyond the self-actional and interactional levels of relating. Therefore, consideration of relationships among professionals in the schools must be jointly or collaboratively addressed for adequate resolution. Illustrative of the position, Thomas (1972) points out that if professionals in the schools are to move toward collaboration, team members have to engage in mutual problem definition and resolution, and enter negotiations knowing full well that each person might have to give up or alter a role-related position.

Merely meeting to discuss a child does not warrant the designation of a transactional level of relationship. For example, when a behaviorally oriented team meets to define a child/school problem, the intervention or approach to

problem resolution is largely prescribed prior to definition of the problem. A team with a behavioral perspective is too limited in its scope to allow for a transactional level of functioning. On the other hand, a transactionally oriented team might regard a behavioral intervention as one of many intervention tools that might be selected from an array of theoretical options. The team at the transactional level has the latitude to accept or reject a behavioral technology on the basis of appropriateness to address needs of a given social context (e.g., classroom: child/peers/parents/teacher). On the other hand, the behaviorally oriented team has a predetermined commitment to use behavioral diagnosis and technology as the most appropriate intervention approach (Buktenica, 1981).

Within the transactional perspective, it is posited that: (a) Behavioral disorder is a context related phenomenon; (b) the relationships of special service personnel are often at the self-actional level, each going separate ways, self-initated, self-directed, defining and carrying out functions to the exclusion of the other; (c) some relationships are at the interactional level in a cause/effect, linear mode that is similar to a "billiard ball" phenomenon of opposite and equal reaction; and (d) seldom do special service personnel function at a transactional level of relating which involves problem definition and resolution, and interdependent circular response modes.

ORGANIZATION AND DEVELOPMENT OF THE TEAM

The combination of perceived shortcomings of usual team approaches and the transactional perspective provide a basis for exploring a different approach to service in the schools. Multidisciplinary service efforts have the potential to move regular and special educators to a transactional level of relating if they allow themselves to jointly plan, mutually define tasks and problems, collaborate on problem resolution, openly inquire into role and function, allow for a full range of options, and evolve into interdependence and mutuality (Armer & Thomas, 1978; Barden & Wenger, 1976; Buktenica, 1977, 1981; Hobbs, 1975; Miller & Buktenica, 1970; Reynolds & Birch, 1977; Thomas, 1972; Walsh, Serafica, & Bibace, 1976; Ysseldyke, 1978;). It seems that coordinated inquiry into the appropriateness of extant roles and functions has the potential for developing mutually determined patterns of response that maximize growth and development and use of resources for special needs children (Buktenica, 1981). Furthermore, a transactional perspective allows viewing and inquiring into behavior as a social phenomenon. Successful multidisciplinary effort will be contingent on leaving roles behind, in one sense, and orienting oneself to the context with the team as the reference group rather than the separate disciplines. This, of course, might require relinquishing a traditional function to a colleague in a specific instance. The approach allows team members to examine problems of the school from the combined perspective of their backgrounds, training, and professional disciplines. Students are viewed within the social context of the classroom, the family, and the community, in contrast to the more traditional notion of considering the troubled child as a self-contained entity who needs to be fixed only within himself/herself.

We acknowledged that there tend to be limited resources in rural settings. A major task of the multidisciplinary team is to identify and utilize resources that are available in the school/community. The multidisciplinary team in a rural setting has to generate integrally related team building and service goals. If these goals are not clarified, the team, school staff, and other agencies remain in conflict and function at cross purposes. The team building goals include:

(a) orientation to school and community, (b) learnig about other professions, (c) establishing ways of using the most appropriate persons (professional and paraprofessional) for particular tasks, (d) implementing research methodology that is readily incorporated into action programs, and (e) developing models for evaluating effectiveness of programs. Service goals include: (a) mobilization of parent involvement in the full range of school activities, (b) assessment of problem areas and issues, and (c) development of intervention programs that can become part of the existing structure of the school/community.

As previously stated, rural districts lack many of the normally available professional and adjunctive personnel that would be present in urban settings. Teams in rural settings must meet the team building and service goals or perhaps even disjointed services will not be offered, and the present status quo of inadequate or no service will prevail.

A team has to involve itself with many aspects of the school and community. Some examples of activities might include assessment of problems that are prototypical across classrooms, application of classroom and family analysis techniques, mobilization of parent involvement in the school, screening of perceptual abilities of kindergarten and first-grade children, small group therapeutic teaching, coordination of community agencies, and fostering communication among teachers and between teachers and parents. For example, parents of maladaptive and adaptive children are personally contacted and asked to visit the school. They are asked to help contact other parents and to serve in various capacities within the school such as supervising the school health clinic, tutoring, aiding teachers, or filling the roles of materials clerk, story teller, or clerical aide.

The transactional approach to establishing multidisciplinary teams was used in several settings representing a wide range of school populations and social contexts over a 10-year period (Buktenica, 1981). Sanction is a requisite condition for a multidisciplinary team to be established and to function adequately. This right-to-be is acquired at multiple levels from administrators, principals, teachers, and parents, and allows team members to forego traditional functions, collect formal and informal data, conduct ecological observations, determine the demographic characteristics of the community, and establish liaison with other resources in the community. A systems and community level approach begins to clarify the social parameters and expectations for determination of handicapping conditions. We believe that maladaptation and the designation of deviation are socially derived, situation specific phenomena, that are an outgrowth of the transactional process between individuals and other elements of behavioral settings (Mercer, 1975; Szasz, 1961).

We have not abandoned direct service functions, and the multidisciplinary team must have the capability of responding to crises. There are three manifestations of the crisis response that are noteworthy. First, assignment to a referral or crisis situation is done on the basis of the most appropriate person rather than assignment on the basis of professional discipline. One of the team's first tasks is a self-evaluation of individual and group competencies. If, then, a particular service is called for, the person with the appropriate set of competencies is asked by the team to pursue the matter. For example, the teacher might conduct a home visit or family conference rather than the social worker, psychologist, or counselor. The team might realize that a referral to another agency seems to be the best course and someone on the team, not necessarily the social worker, will assume the responsibility to get the family to that resource.

The second manifestation of our approach to direct service is a focus on the family. Seldom is a child seen in isolation, but rather is seen with principal members of the family in order to understand behavior through the setting —the ecology of the family. Parents and child participate in the process of problem definition and all share ownership of the problem rather than attributing the responsibility to the child as is done in more conventional approaches. The family, in turn, is then able to participate in resolution of the problem instead of being the target to be fixed or shaped.

The third manifestation of our multidisciplinary approach to crises is implementation of the continuity of care concept that grew out of the mental health legislation of the late 1950s. Many caretakers or agencies are responsible for child development or adaptation, according to the concept, with each agency contributing to the helping process in a planned and collaborative manner.

SOME PROBLEM AREAS

One of the major problems faced by the multidisciplinary team is that of engagement of the school personnel in a meaningful relationship. This problem, while a usual one, is probably more manifest with the transactional approach because of additional variance of expectation between the school and team members. The fact that the team spends time assessing needs and resources in the situation and establishing priorities before providing direct services is often a source of tension.

There is the question of feasibility of persons from a variety of disciplines working in a collaborative team context. Can persons from different fields pool their resources, work together, participate in group problem definition and resolution, work with people who have different perspectives and avoid getting "washed out" of their own discipline? Smith and DiBacco (1974) identified several problem areas that include:

1. Administrators' expectations that may conflict with purposes of the team; e.g., having skills peculiar to their particular discipline.
2. The usual problem of getting acquainted that is typical of newly formed work groups. This could be exacerbated somewhat by having multidisciplinary team, because members are asked to discuss their competencies, strengths, and weaknesses in order to determine the resources of the team and prepare for resource exchange negotiations.
3. The emphasis on not restricting one's activities to particular professional role designated behavior is a unique problem of the team. This is a source for anxiety, and potential source for discouragement. Team members might be deprived of the opportunity to exercise a skill behavior and thus not receive an expected set of reinforcements.

SOME ACCOMPLISHMENTS

An 8-year evaluation of the multidisciplinary team was attempted and the following represents some of the accomplishments in one of the settings (McShane, Clark, Rose, & Buktenica, 1977):

1. Recruited and trained parents as team members who planned and delivered services.
2. Mobilized a parent advisory committee that considered curriculum, classroom management problems, research proposals, and made recommendations for research and intervention.

3. Established a volunteer program that included parents and students from colleges, high schools, and junior high schools.

4. Developed vision and hearing screening programs carried out by parents.

5. Instituted a screening program for early identificatin of handicapped children.

6. Provided in-service training to special education teachers to enable them to become resource persons for other teachers.

7. Carried out interaction analysis in classrooms as a basis for in-service training to help teachers understand the complexities of the classroom as a learning environment.

8. Fostered communication among teachers by providing regular in-service training in human relations.

9. Conducted group counseling sessions with parents.

10. Provided consultation to the school principal regarding staff relationships, and school-parent relationships.

11. Established a walk-in rap center in which high school students counsel each other.

CONCLUSIONS

In addition to striving toward a transactional level of response to personnel preparation and service, it is suggested that training programs and schools develop multidisciplinary approaches (Buktenica, 1970, 1981; Hobbs, 1975). Special and regular educators should have the opportunities (a) to become skilled in mutual problem identification and solution, (b) to work collaboratively with other professions, (c) to jointly develop appropriate instructional programs for children in need, (d) to develop a favorable attitude toward, and commitment to, collaborative endeavors with other professionals, and (e) to be exposed to a range of theoretical options. If they can become truly interdependent working together, a more powerful aggregate service potential may be realized (Miller & Buktenica, 1970).

Implementing effective service will require multifaceted views. The transactional perspective dictates team functioning, collaboration with all elements of the educational scene — children, parents, regular and special educators, and community resources. It seems that without a consolidated effort, we will fall short of providing effective service. Rural areas with few resources must address this in particular.

A team effort is necessary for assessing strengths and weaknesses in the context in which they occur and attempting to mobilize existing resources (forces) to cope more adequately with educational needs (Buktenica, 1970). Recognition of the resources in the setting seems to dictate multidisciplinary efforts which have the potential of preventing problems. Single assessment-single intervention is tantamount to continually battling brush fires, never preventing problems from developing.

Educators should continue to learn from parents while at the same time learning to coordinate educational efforts and develop better means of communicating information. Separate directions, duplicated functions, resistance to cooperative planning, and refusal to evaluate efforts will jeopardize assessment and least restrictive environment planning. The success of such plannig will probably depend on the degree to which the services are coordinated and nonduplicative and are relevant to educational growth of students. The multidisciplinary team effort is considered to be a beginning step in exploring more appropriate modes of addressing educational problems. Per-

haps it will evolve into a model for more effective service delivery systems in rural settings.

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